

INTERNATIONAL STUDENTS: ADMISSION REQUIREMENTS

Coastal Bend College is a publicly-supported, comprehensive community college offering the first two years of university-parallel academic studies and an extensive choice of technical and occupational training varying in length from six months to two years.

The campus is located approximately 4.8 kilometers from downtown Beeville, Texas in a rural setting. The general locale is 96 km from the Gulf of Mexico in the Texas Coastal Plains. The population of Beeville is about 15,000. The nearest larger cities are Corpus Christi, Victoria, each about 96 km from Beeville, and San Antonio, about 135 km from Beeville.

Admission Requirements: *International students are required to submit the following documents.*

1. An admissions form completed online at www.coastalbend.edu/applynow/ must be submitted at least 90 days prior to the beginning date of registration.
2. An official transcript, translated into English, of the last four years of Secondary school, showing that graduation was accomplished. (In countries where the educational system is organized with 3 years of final secondary preparation, a transcript of these years is satisfactory.)
3. Applicants who have attended schools, colleges or universities since secondary school graduation must also submit official original transcripts, translated into English, of grades and credits at colleges attended, showing good standing at the school most recently attended.
4. Evidence of the level of proficiency that had been attained in English. We require a score of 500 on the paper-based TOEFL test, a score range of 173-187 on the computer-based test, or 71 on the Internet based version (iBT).
5. A completed Coastal Bend College medical form. A valid "Certificate of Immunization," signed by a physician or public health official, must be submitted. It must give evidence of immunization against tetanus, diphtheria, poliomyelitis, measles and rubella.
6. Proof of meningitis.
7. Proof must be submitted showing that the applicant has sufficient financial resources for support during the entire period of study in the United States. Such proof may be in the form of a letter of credit from a bank, Form I-134, Affidavit of Support; a certificate from a bank showing sufficient funds on deposit or similar documentation. The minimum which should be in the bank is at least \$20,000 USD.
8. Completed Affidavit of Support form.
9. Insurance.

The U.S. Immigration and Naturalization Service Form I-20 will not be issued until admission procedures are completed to the satisfaction of the college. International students are required to purchase illness and accident medical insurance coverage specified by the college during their entire period of study at CBC unless they are already covered by health insurance that covers medical cost incurred in the U.S. After acceptance by CBC, and before registration, the college requires international students to take a series of assessment tests in English, Mathematics, and Reading to comply with the Texas Success Initiative (TSI). Results of these tests will determine courses in which a student may register. International students are subject to TSI requirements as are all students at CBC.

STUDENT HOUSING: The CBC has a dormitory which houses 138 men and women students and 20 one-bedroom apartments. Completed housing application form and property deposits of \$250 are required to reserve housing. There is always a waiting list so reservations should be made as soon as possible. Some private housing may be available in the community. Local realtors would have listings.

TRANSPORTATION: There is no public transportation available in Beeville. Students who find housing in the community will need an automobile or bicycle in order to travel to and from the college campus.

EXPENSES: An international student enrolled in a full program of study should expect to pay to the college a sum of approximately \$2,301 for tuition and student fees, approximately \$1,000 for books, approximately \$2,550 for dorm and meal plan, approximately \$600 for CBC apartment rent. This must be paid directly to the college. Personal expenses can easily add another \$1,000 each semester.

STUDENT ACCIDENT AND SICKNESS INSURANCE: All international students are required to purchase accident and sickness medical expenses insurance each semester of their attendance at Coastal Bend College. Brochures and applications are available at the Business Office at the time of registration.

CHECKLIST

ADMISSION REQUIREMENTS – International students are required to submit the following documents:

- _____ 1. A completed Application of Admissions for Coastal Bend College.

- _____ 2. An official transcript, translated into English, of the last four years of secondary school, showing that graduation was accomplished. (In countries where the educational system is organized with 3 years of final secondary preparation, a transcript of these years is satisfactory.)

- _____ 3. An official transcript of grades and credits from any other schools or college attended since secondary school graduation.

- _____ 4. Evidence of the level of proficiency that had been attained in English. We require a score of 500 on the paper-based TOEFL test, a score range of 173-187 on the computer-based test, or 71 on the Internet based version (iBT).

- _____ 5. A completed Coastal Bend College medical form.

- _____ 6. Bank Verification of sufficient financial support to sustain the student for the entire stay at Coastal Bend College, which should be a minimum of \$20,000 (U.S. Dollar Account Statement)

- _____ 7. Completed Affidavit of Support form.

- _____ 8. \$200 SEVIS I-901 fee. Go to the www.fmjfee.com website for more information on making payment.

- _____ 9. Insurance.

Print Name in Full _____

Last

First

Middle

EDUCATIONAL DATA

RECORDS OF SECONDARY AND HIGHER EDUCATION

PREVIOUS EDUCATION

Column 1 - Actual years of schooling. The first year of schooling is Number 1, the second year Number 2. etc.

Column 2 - For each year write the grade, form, standard or class, using the terminology of the educational system attended.

Column 3 - List in chronological order every academic year in which you attended school, including any in which you remained in one grade for more than one year. If you were out of school for a year or more explain the interruption on a separate sheet of paper.

Column 5 - Write the type of school you attended during each academic year, such as elementary, colegio, ecole secondaire, gymnasium, istituto, university, etc, using the terminology of the educational system.

Column 8 - Write the name of any examinations passed, or certificates, diplomas, or degrees earned, such as Certificate of Education, Bachillerato, Abitur, Maturita, Baccalaureate, Studentereksamen, etc, using the terminology of the educational system.

1 Year In School	2 Grade Level	3 Academic Year	4 Age	5 Kind of School	6 Name and Address of School (City and Country)	7 Primary Language of Institution	8 Certificates, Diploma, Degrees, & Graduations
1							
2							
3							
4							
5							
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18							

LIST ANY ACADEMIC HONORS YOU HAVE RECEIVED – prizes, scholarships, fellowships, etc:

INTERNATIONAL STUDENT RECORD OF IMMUNIZATION

Name of Applicant: _____

Please Print

Before being accepted to Coastal Bend College, an international applicant must show proof of immunization against the disease listed below. Please have this form filled out and signed by your medical doctor.

- 1. Measles - Has the above named applicant ever had measles? _____
If yes, when? _____
If no, has he/she been immunized against measles? _____
If yes, when? _____

- 2. Rubella - Has the applicant been immunized against rubella? _____
If yes, when? _____
If no, has he/she had a positive serologic test? _____

- 3. Tetanus/Diphtheria - Has the applicant been immunized against tetanus/diphtheria within the last ten (10) years? _____
If yes, when? _____

- 4. Poliomyelitis - Has the applicant been immunized against poliomyelitis? _____
If yes, when? _____

Comments (of doctor): _____

Signature of Medical Doctor

Date

Form I-134, Affidavit of Support

(Answer all items. Type or print in black ink.)

I, _____ residing at _____
(Name) (Street Number and Name)

(City) (State) (Zip Code if in U.S.) (Country)

certify under penalty of perjury under U.S. law, that:

1. I was born on _____ in _____
(Date-mm/dd/yyyy) (City) (State) (Country)

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

- a. If a U.S. citizen through naturalization, give Certificate of Naturalization number _____
- b. If a U.S. citizen through parent(s) or marriage, give Certificate of Citizenship number _____
- c. If U.S. citizenship was derived by some other method, attach a statement of explanation.
- d. If a Lawful Permanent Resident of the United States, give A-Number _____
- e. If a lawfully admitted nonimmigrant, give Form I-94, Arrival-Departure Record, number _____

2. I am _____ years of age and have resided in the United States since _____
(Date-mm/dd/yyyy)

3. This affidavit is executed on behalf of the following person:

Name (Family Name)	(First Name)	(Middle Name)	Gender	Age
Citizen of (Country)		Marital Status	Relationship to Sponsor	
Presently resides at (Street Number and Name)		(City)	(State)	(Country)

Name of spouse and children accompanying or following to join person:

Spouse	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age

4. This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in **item 3** will not become a public charge in the United States.

5. I am willing and able to receive, maintain, and support the person(s) named in **item 3**. I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

6. I understand that:

- a. Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the person(s) named in **item 3** becomes a public charge after admission to the United States;
- b. Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the person(s) named in **item 3** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families; and
- c. If the person(s) named in **item 3** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the person(s) named in **item 3** is determined under the statutes and rules governing each specific program.



7. I am employed as or engaged in the business of _____ with _____
 (Type of Business) (Name of Concern)

at _____
 (Street Number and Name) (City) (State) (Zip Code)

I derive an annual income of: (If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of net worth to be submitted.) \$ _____

I have on deposit in savings banks in the United States: \$ _____

I have other personal property, the reasonable value of which is: \$ _____

I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief: \$ _____

I have life insurance in the sum of: \$ _____

With a cash surrender value of: \$ _____

I own real estate valued at: \$ _____

With mortgage(s) or other encumbrance(s) thereon amounting to: \$ _____

Which is located at: _____
 (Street Number and Name) (City) (State) (Zip Code)

8. The following persons are dependent upon me for support: (Check the box in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

9. I have previously submitted affidavit(s) of support for the following person(s). If none, state "None".

Name of Person	Date submitted
_____	_____
_____	_____

10. I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following person(s). If none, state "None".

Name of Person	Relationship	Date submitted
_____	_____	_____
_____	_____	_____

11. I intend do not intend to make specific contributions to the support of the person(s) named in item 3.

(If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)

Oath or Affirmation of Sponsor

I acknowledge that I have read "Sponsor and Alien Liability" on Page 2 of the instructions for this form, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. _____
 I certify under penalty of perjury under United States law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Signature of Sponsor _____ Date _____

